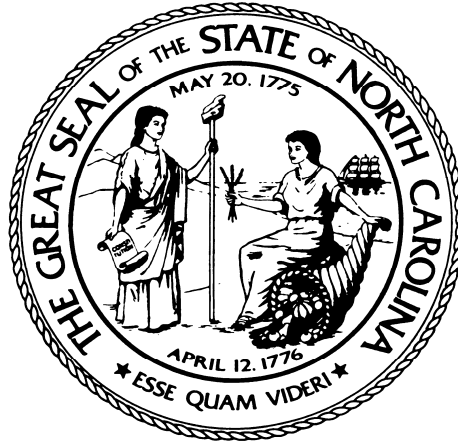# North Carolina Child and Family Leadership Council

July 2008 Report To The

Office of the Governor

Joint Appropriations Committees and Subcommittees on Education

Joint Appropriations Committees and Subcommittees on Justice and Public Safety

Joint Appropriations Committees and Subcommittees on Health and Human Services

Fiscal Research Division of the Legislative Services Office

July 2008

June 30, 2008

Pursuant to Session Law 2007-323, Section 10.9, the North Carolina Child and Family Leadership Council submits its July 2008 Report to the Office of the Governor; the Joint Appropriations Committees and Subcommittees on Education; the Joint Appropriations Committees and Subcommittees on Justice and Public Safety; the Joint Appropriations Committees and Subcommittees on Health and Human Services and the Fiscal Research Division of the Legislative Services Office.

Respectfully Submitted,

The North Carolina Child and Family Leadership Council

Executive Summary

This report presents data and findings from North Carolina's School based Child and Family Support Team (CFST) Initiative from January 1, 2008 through June 30, 2008. This is the sixth[1] such report prepared by the Child and Family Leadership Council, which fulfills its legislative mandate to submit a report by July 1, 2008.

Included is a brief description of the legislation enacted by the North Carolina General Assembly authorizing the implementation of the CFST, the selection of the school systems and schools, its purpose, core principles and values, services design and operation, and a description of data collected by participating agencies from July 2007 through March 2008.

During the time period of July 2007 through March 2008, the 21 school systems participating in the CFST provided services to 6,415 newly referred students in 101 schools. Student demographics, reasons for referral, service needs, services provided and barriers to services varied greatly from school system to school system and between individual schools within any one school system. A description of those issues, as well as other points of interest is included in this report.

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[1] Previously submitted reports may be accessed through the CFST web site at
http://www.ncdhhs.gov/childandfamilyteams/publications/index.htm.

INTRODUCTION

The connection between the academic success and long term health of a student is strongly supported by research. If a student graduates from high school, he or she is more likely to live a longer, healthier life. This is the position of the Centers for Disease Control and Prevention.

> "Good education predicts good health, and disparities in health and in educational achievement are closely linked…If medical researchers were to discover an elixir that could increase life expectancy, reduce the burden of illness, delay the consequences of aging, decrease risky health behavior, and shrink disparities in health, we would celebrate such a remarkable discovery. Robust epidemiological evidence suggests that education is such an elixir…Education is one of the strongest predictors of health: the more schooling people have the better their health is likely to be." [2]

Research included in a May 2008 NC DPI Coordinated School Health presentation to the NC DPH School Health Matrix Team also supports this. This included research that high school graduates:

- Have better health[3]
- Experience lower medical costs[4]
- Live six to nine years longer[5]
- Are less likely to commit crimes[6]
- Are less likely to rely on government services[7][8]
- Are more likely to raise healthier, better educated children[9]

Ensuring that students are safe, healthy, and ready to learn is central to improving their academic performance. A 2005 study conducted by the California Department of Education researched the connection between health variables, risk behaviors, supportive school environments and the academic success of students. It concluded that there is

[2] Freudenberg N, Ruglis J. Reframing school dropout as a public health issue. Prev Chronic Dis 2007;4(4). http://www.cdc.gov/pcd/issues/2007/oct/07_0063.htm. Accessed May 8,2008

[3] Alliance for Excellent Education. *Healthier and Wealthier: Decreasing Health Care Costs by Increasing Educational Attainment*: Alliance for Excellent Education; November 2006

[4] Muennig P. *State-Level Health Cost Savings Associated with Improvements in High School Graduation rates.* Washington, DC: Alliance for Excellent Education; 2006.

[5] Wong M, Shapiro M, Boscardin W, Ettner S. Contribution of major diseases to disparities in mortality. *New England Journal of Medicine.* 2002(347):1585-1592.

[6] Raphael S. The socioeconomic status of black males: the increasing importance of incarceration. In: Policy GSoP, ed: University of California, Berkeley; 2004

[7] Wolfe Wong M, Shapiro M, Boscardin W, Ettner S. Contribution of major diseases to disparities in mortality. *New England Journal of Medicine.* 2002(347):1585-1592.

[8] Garfinkel I, Kelly B, Waldfogel J. Public assistance programs: How much could be saved with improved education? *Symposium on the Social Costs of Inadequate Education*. Teachers College Columbia University; 2005

[9] Wolfe BL, Haveman RH. Social and non-market benefits from education in an advanced economy. *Education in the 21st Century: Meeting the Challenges of a Changing World*. Federal Reserve Bank of Boston; 2002.

"key and convincing research that a school's focus on all the elements of health and resilience not only is a sound and necessary strategy to achieve academic goals, but also is essential to academic success."[10]

The mutually supportive relationship between student health and academic success was recognized and addressed by Governor Michael F. Easley through the implementation of the Child and Family Support Team Initiative. At his request the Departments of Health and Human Services and Public Instruction collaborated to develop a program that established school-based teams (a certified school nurse and a licensed school social worker) to work with identified liaisons at local mental health agencies and departments of social services, as well as staff members from local health departments and the Juvenile Courts to ensure students and families receive the services they need to support their success in school.

LEGISLATION

The CFST Initiative was originally authorized and funded in 2005 session of the North Carolina General Assembly through the enactment of Session Law 2005-276, Senate Bill 622, "2005 Appropriations Act". In its 2006 session, the General Assembly continued to support the Initiative through the allocation of recurring state funding to local mental health and social services agencies to hire the legislatively required care coordinators and facilitators. This was in the June 30, 2006 "Joint Conference Committee Report on the Continuation, Expansion and Capital Budgets." Through Session Law 2007-323, "2007 Appropriations Act" the General Assembly continued its authorization and funding for the Initiative.[11]

HISTORICAL CONTEXT

In January 2006, 21 of North Carolina's 115 public school systems were selected as pilots to participate in the Initiative[12]. The participating sites were selected based on the following criteria:

- Identified needs of children and families in selected schools;

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[10]"Getting Results: Update 5, Student Health, Supportive Schools, and Academic Success", California Department of Education, Sacramento CA, 2005, page 1. It is available on-line at
http://www.gettingresults.org/c/@i9xna6RsPnSQI/Pages/downloads.html.
[11] For greater detail concerning the legislative history of the CFST, the reader may access the legislation by on the General Assembly's web site. The 2005 legislation is at
http://www.ncleg.net/Sessions/2005/Bills/Senate/HTML/S622v9.html. The 2006 is at
http://www.ncleg.net/sessions/2005/budget/2006/budgetreport6-30.pdf. The 2007 is at
http://www.ncleg.net/Sessions/2007/Bills/House/PDF/H1473v10.pdf.
[12] See Attachment 1: "CFST Map" and Attachment 2: "List of Participating Local Education Agencies and Schools" for the selected school systems and schools. This information may also be accessed on-line at
http://www.ncdhhs.gov/childandfamilyteams/contacts.htm

- Demonstrated commitment of the school system and their health, mental health and social service partners to work together to address the needs of children and families
- Geographic diversity statewide; and
- Readiness to implement at the community and school level.

Each selected CFST school system has an average of 5 schools. The minimum number of teams in any one school system is 2 (serving in 3 Hyde County Schools). The 2006-2007 student population of the 101 schools is approximately 61,000 students.[13] Of the 101 schools, Person High School's student population of 1735 is the highest while Mattamuskeet Middle School in Hyde County is the lowest with 115 students. The average number of students in the 101 schools is 609. Twenty-six schools have student populations over 750, which places them over the ratio of school nurses to students recommended by the National Association of School Nurses and the National Center for Disease Control. Twenty-three schools have student populations over 800, which places them over the ratio of school social workers to students recommended by "No Child Left Behind" federal standards.

PURPOSE AND MISSION

A review of the authorizing legislation shows the intent of the Initiative is:

- To create a program of student support designed to identify and coordinate appropriate community services and supports for children at risk of school failure or out-of-home placement due to the physical, social, legal, emotional, and developmental factors that negatively affect their academic performance.
- For the Department of Health and Human Services, the Department of Public Instruction, the State Board of Education, the Department of Juvenile Justice and Delinquency Prevention, the Administrative Office of the Courts, and other State agencies that provide services for children to share responsibility and accountability for improving academic and well-being outcomes for at risk children and their families.

The CFST Initiative's purpose is for appropriate State and local agencies to work together to provide individualized, strengths based, family centered student support services so that every child in their communities is given every opportunity to succeed academically and live in a safe, permanent nurturing home.

PROGRAM DESIGN

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[13] Based upon information reported on NC DPI's "NC School Report Card" web site. It can be accessed at http://www.ncschoolreportcard.org/src/.

The Initiative is based on system of care, family centered practice principles. These principles increase interagency collaboration to best meet the needs of children and families. This is recommended practice across most agencies serving children[14]. The use and sharing of these core principles helps to ensure that:

- Each child and family's unique needs are met
- Services are accessible to families and offered at convenient times and locations;
- Checks and balances exists to ensure services are working and there are ways to make changes when they are not working; and
- The outcomes of delivered services are evaluated to ensure they succeeded in meeting their identified needs.[15]

The system of care, family centered practice principles include:

- Engaging and involving parents and their natural support systems in all aspects of service planning and delivery.
- Strengthening interagency collaboration and accountability
- Children remaining in their own families, communities and schools if possible.
- Providing culturally competent, individualized, strengths based services.
- Delivering services in the most cost effective natural setting possible.
- Using the system of care principle "one child, one team, one plan"
- Defining, delivering and monitoring services through a unified, outcome-oriented and evaluation-based Child and Family Plan.
- Using Child and Family Team meetings to write Child and Family Plans

At the county level this system of care is managed through a local advisory committee. Committee membership is set by legislation and its purpose is to "monitor and support the successful implementation of the Initiative" in each site.[16] The goal is to have the heads of each local child serving agency work together so that barriers to services are reduced and services are efficiently provided.

Each school's nurse-social worker team is responsible for:

- Identifying students at risk of academic failure or out of home placement,
- Conducting holistic, strengths based assessments to determine the primary reason why the student is at risk, and
- Getting the appropriate services for the student through family partnerships and interagency collaboration.

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[14] Hornberger, S., Gardner, S. l., Young, N. K., Gannon, N., P., & Osher, T. (2005). Improving the quality of care for the most vulnerable children, youth, and their families. *Finding Consensus.* Washington, DC: CWLA Press. Retrieved May 8, 2007, from http://www.cwla.org/programs/bhd/qualityofcarefront.pdf)

[15] Revised from the "North Carolina System of Care Resource Book, Tools from NC FACES, Part 1: C&F Teams", page 6.

[16] 2007 Appropriations Act, Section 10.9.(a)(5)

This is all done through the use of Child and Family Teams. Child and Family Teams are family members and their community supports that come together to create, implement and update a plan with the child, youth and family. The plan builds on the strengths of the child, youth and family and addresses their needs, desires and dreams. The Child and Family Teams are centered on the families and include their natural supports and representatives from social services, mental health, the courts, public health and other child serving agencies.[17]

Research[18] concerning the use of Child and Family Teams illustrates the following benefits[19]:

- If participants take part in setting goals, this will lead to higher goals and, in turn, to higher performance levels.
- Fidelity to the system of care principles leads to increased satisfaction and improved child outcomes.
- Increases in family efficacy and empowerment such as full partnership in the design, implementation, and evaluation of the child and family team seems to be one mechanism of change in improved child functioning.
- Empirically based therapeutic processes (e.g., participation in design of treatment) is likely to be as important as the delivery of empirically based
- Including children and their families in case planning is related to better outcomes in keeping children safe in their homes and stabilizing their placements.
- Conferencing in juvenile justice is a means of repairing harm; involving victims, offenders, and community members; and helping public agencies and community groups work together.
- Family meetings are a means of widening the circle of supports around children, youths, and their families by advancing the family's leadership, creating culturally safe forums, and building community partnerships.
- North Carolina Departments of Social Services report that Child and Family Teams benefit families, assist workers, and promote community partnerships.

Local mental health agencies and county departments of social services are required to appoint specific staff members to help students and families by working closely with the school nurses and social workers. The mental health and social services staff members make sure students and families receive appropriate services as quickly as possible. Their main duty is to ensure that nothing in their agencies presents as a barrier to the students and families benefiting from their services. They also serve as an information

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[17]Refer to Attachment 3, "North Carolina School Based Child and Family Support Team Interagency Connections" for specific information concerning the various state agencies connected to the CFST Initiative.
[18] For specific references refer to the North Carolina Collaborative for Children, Youth and Families' web site at http://www.nccollaborative.org/intranet/downloadManagerControl.php?mode=getFile&elementID=120&type=5&atom ID=20
[19] More information on the use of Child and Family Teams statewide is available on the Division of Social services Multiple Response System web site at http://www.dhhs.state.nc.us/dss/mrs/index.htm#Training; and the Division of Mental Health/Developmental Disabilities/Substance Abuse Services' Child and Family Mental health Services web site at http://www.ncdhhs.gov/mhddsas/childandfamily/index-new.htm

and referral resource regarding their agencies, and work to connect families and students to services offered by them.

State funding was allocated in 2006 to provide for eighteen care coordinator positions in the thirteen LMEs connected to the Initiative. Twelve county departments of social services (Anson, Bertie, Duplin, Greene, Halifax, Hoke, Hyde, McDowell, Martin, Nash, Pamlico and Vance) were allocated funding to hire facilitators to support the Initiative in their counties. The remaining ten have appointed facilitators as required by the legislation but receive no state funding for the positions.

STUDENTS SERVED

According to data entered into the CFST case management system during the time period of July 1, 2007 through April 4, 2008 6,415 students came to the attention of the nurse-social worker teams through 8,021 referrals for services. 3,450 of the students were male, 2,919 were female, and gender data is missing for 46 of the students.

Some school systems continue to struggle in their efforts to recruit and retain nurses. That has had a direct impact on the level of services they were able to provide and is reflected in the quality and accuracy of their data

According to the data the most often cited reasons for referral included the following[20]:

- Excessive absences (17% of the referrals)
- Health concerns (22.6% of the referrals)
- Inappropriate behavior (17% of the referrals)
- Mental health, substance abuse or developmental concerns (22.6% of the referrals)
- Low income (19.1%)
- Held back to repeat a grade 1 or more years (11% of the referrals)
- Failed two or more classes in a year (9.9% of the referrals)
- Aggressive behavior (9.4%)

The tables below provide data concerning the number of students referred by county as well as aggregate demographic information. The data illustrates the differences in, and diversity of the students served by the nurse-social worker teams. The students served in the Initiative differ greatly by race, ethnicity, and grade.

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[20] The reasons for referral are duplicated counts in that someone making a referral may cite any number of reasons for their concern.

Table 1: Students By County

County	# Students	County	# Students
Alamance	339	Martin	189
Anson	491	McDowell	234
Bertie	78	Nash-Rocky Mount	374
Caldwell	273		
Duplin	338	Pamlico	191
Durham	428	Person	196
Forsyth	518	Richmond	184
Greene	164	Scotland	481
Halifax	250	Swain	179
Hoke	94	Vance	427
Hyde	72	Wayne	915

Total: 6,415

Table 2: Students By Race

	Number	Percent
African American	3,437	53.6%
Asian	25	0.4%
White	1,950	30.4%
Native American	182	2.8%
Other	519	8.1%
More than one	173	2.7%
Race Missing	129	2%

Table 3: Students by Ethnicity

	Number	Percent
Hispanic	705	11.0%
Non-Hispanic	5,471	85.3%
Missing	239	3.7%

Table 4: Students by Grade					
Grade	# Students	Percent	Grade	# Students	Percent
pre-K	43	0.7%	6th	419	6.5%
K	399	6.2%	7th	336	5.2%
1st	279	4.3%	8th	248	3.9%
2nd	261	4.1%	9th	358	5.6%
3rd	325	5.1%	10th	146	2.3%
4th	323	5%	11th	151	2.4%
5th	222	3.5%	12th	66	1%
			Grade Missing	2,839	44.3%

Table 5: Students by Special Education Status		
	Number	Percent
Not in Special Education	2,481	38.7%
Gifted	42	0.7%
Behaviorally emotionally handicapped	111	1.7%
Hearing Impaired	9	0.1%
Educable mentally handicapped	136	2.1%
Deaf-blind	2	< 0.0%
Visually Impaired	7	0.1%
Other Health Impaired	119	1.9%
Orthopedically impaired	5	0.1%
Traumatic Brain Injured	5	0.1%
Severe-profound mentally disabled	10	0.2%
Multi-handicapped	11	0.2%
Speech-language impaired	53	0.8%
Trainable mentally handicapped	14	0.2%
Specific learning disabled	161	2.5%
Autistic	24	0.4%
Developmentally Delayed	100	1.6%
Missing	3,125	48.7%

The teams are responsible for providing information concerning CFST services to anyone who may make referrals. Anyone may refer a student to the CFST. Referrals may be received through the use of standardized forms, face-to-face and telephone conversations, e-mail messages, Student Assistance Team discussions, etc. The CFST teams also proactively identify at-risk students by using absentee, truancy and disciplinary information maintained by the school systems.

According to data entered into the CFST case management system, 8,021 such referrals came to the attention of the nurse-social worker teams. The table below illustrates these referrals by school system.

Table 6: Referrals By County			
County	**# Referrals**	**County**	**# Referrals**
Alamance	353	Martin	222
Anson	946	McDowell	248
Bertie	99	Nash-Rocky Mount	510
Caldwell	310		
Duplin	385	Pamlico	223
Durham	478	Person	217
Forsyth	599	Richmond	217
Greene	171	Scotland	564
Halifax	284	Swain	214
Hoke	101	Vance	493
Hyde	84	Wayne	1303

Once a student comes to the attention of the nurse-social worker team an assessment of his or her status in school is conducted to ascertain whether or not the student is at-risk and CFST services are appropriate. This often includes conducting a review of appropriate school records as well as interviewing teachers, administrators, and the students (as appropriate for age and the situation).

If the student is judged to be at risk and not receiving appropriate services, the CFST team makes contact with his or her family or caretakers to explain their services and offer assistance. In some cases the situation is resolved through actions resulting from this initial conversation. It may be that the student's need is quickly resolved by making a referral to services already present in the school (such as a psychological assessment or exceptional children's referral), or readily accessed in the community (such as help with getting glasses or a prescription filled). In other cases, however, this process involves working with the family to conduct an in-depth assessment and assemble a Child and Family Team to help identify and meet the student's or family's needs.

The areas of need most often cited in the case management system are as follows:

- Educational needs (27% of the time)
- Emotional/Mental Health needs (26% of the time)
- Physical Health needs (30% of the time)

The team's membership is decided by the family with the help of the CFST nurses and social workers. It always includes the family, the student (if age and developmentally appropriate) and the CFST school staff. Others join the team as needed and chosen by the family, with the assistance of the nurse-social worker teams. These may include staff members from other child serving agencies (mental health, social services, public health,

juvenile court, etc.) as well as anyone who is important in the life of the child and family and who knows their strengths and needs and can lend support.

The CFST model of services places the family at the center of all planning, delivery and monitoring of services. All services are planned during Child and Family Team meetings, and the students and their families are central participants in those meetings. Ideally there should be more family members and members of their support system present at CFST meetings than professional staff. No meeting can be held, and no plan for services made, without the family being physically present and participating in the meeting. The meetings are scheduled at times and in places convenient to the family, and many times occur off the school campus and outside school hours. Other school based services often require families be notified and offered the opportunity to be involved in planning for services, frequently have more professionals involved in meetings with families than their informal supports, and frequently occur in the school buildings during the normal school day.

According to the case management system there were 8,861 CFST meetings held since July 1, 2007. 5,260 of those meetings had parents or primary caregivers of the students in attendance, and therefore are considered to have been child and family team meetings. The rest of the meetings most frequently occurred when the teams met with other school staff members or student assistance teams for the purpose of deciding which students would be referred to and served by CFST or other school services, or had missing data concerning who attended the meetings.

The CFST team works collaboratively to identify student and family strengths as well as specific needs. By building upon the identified strengths, the team develops a set of service goals and a plan for achieving them. The team also decides which agency will function as the "lead agency" and performs the case management aspects of the services. Agencies taking the role as "lead" for the CFST during the last year were as follows:

- Schools (73%)
- Mental Health (11%)
- Social Services (4%)
- Public Health (2%)
- Juvenile Justice (3%)
- Data Missing (7%)

Participants at the Child and Family Team meetings jointly develop and sign service plans as a means of increasing ownership and accountability of everyone at the table. These plans are strengths based and individualized to address the unique circumstances faced by the student and family. They document identified strengths as well as specific needs, services, who will take the lead in providing specific services, time frames for completion and a crisis plan (if necessary). This model of team decision making and inter-agency coordination of services is designed to reduce many barriers to the student and family receiving needed services (such as who to call, transportation, health insurance and cost issues, language barriers, etc.).

The services identified by the teams (and listed on the service plans) includes the following:

- Medical/Physician services (17% of the time)
- Mental health provider services (13%)
- Support for parents (9% of the time)
- Referrals to "other community agencies" (8% of the time)
- Counseling services (8% of the time)

As noted above, the CFST process also identifies any issues that may have presented barriers to the provision of services. The most significant barriers identified through discussions at regional meetings and site visits, as well as data in the case management system this past year are as follows:

- Parents refused services
- Students refused services
- Services unavailable
- Frequency of staff turnover in local mental health and social services agencies
- Organizational change in mental health
- Cost
- Transportation
- Scheduling problems

The school based CFST team stays actively involved with the family until such a time as the service need is met and is no longer causing the student to be at risk, or the case is closed for another reason. The case management system has data concerning why 2,410 cases were closed in the CFST so far this school year. For the time period of July 2007 through April 2008 the following information concerning case closures was reported:

Table 7: Case Closure Reasons		
Closure Reason	# Closures	% of Closed Cases
Objectives Met	1424	59.1%
Graduated	17	0.7%
Referred to Other Services	171	7.1%
Moved in State	164	6.8%
Moved out of District	192	8%
Moved Out of State	53	2.2%
Student Refused	31	1.3%
Parent Refused	124	5.1%
Student Dropped Out	69	2.9%
In Custody of Another Agency	21	0.9%
Student Died	4	0.2%
Other	140	5.8%

Since the needs and negative circumstances of students and families do not end during the summer, each school system is also responsible for developing methods to ensure that the students' and families' needs are met when school is not in session. Some of the strategies continue to include:

- CFST nurses and social workers maintaining 12-month employment
- Maintaining an on-call system for all CFST nurses and social workers (reached by cell phones, pagers and through the 12-month administrative school staff)
- Summer coverage provided by 12-month lead nurses and social workers (who have received all the training and attended all required CFST meetings)
- CFST nurse-social worker teams rotating coverage throughout the summer
- One 12-month nurse-social worker team providing coverage for all students over the summer

PROGRAM IMPLEMENATION

The end of the 2007 – 2008 school year marks the conclusion of the second full year of implementation of the Initiative. The school systems report that they have experienced many positive benefits as a result of the CFST this past year. Information gathered through the regional meetings, site visits and other forms of contact with the school systems shows varying levels of impact of the CFST in 2007 – 2008. This can be attributed to the different levels of practice and expertise in the CFST teams, whether the teams were fully staffed or not, the level of local oversight from school systems' central offices, turnover of CFST principals, and the fact that the CFST was implemented in one hundred-one schools that had some of the most at-risk students in the state. The areas reported to be most often positively impacted include:

- Parents seem to be more open to services and engaged in the process.

- Parents are more frequently initially requesting services, and asking that the teams stay involved for longer periods of time.
- Capacity to connect more intensively with families for longer periods of time has been enhanced.
- Team members (nurses and social workers) are working more cohesively this year.
- Other school staff members (teachers, counselors, etc.) have more time to do their specific jobs.
- Interagency collaboration is better.
- Principals trust the teams more this year.

Issues of concern for the CFST include:

- Enhancing the practice of the CFST nurses and social workers in the local school systems
- Improving CFST data collection
- Recruiting and retaining CFST nurses

Programmatic efforts have focused on enhancing the each school systems' capacity to support at-risk students by more specifically defining appropriate referrals for CFST services; and strengthening the nurses and social workers practice. This includes helping them engage families as partners, plan and conduct Child and Family Team meetings, and strengthen their levels of interagency collaboration and service planning. Regional meetings (five meetings in each of the months of September, November, January, March and May) were one of the strategies utilized to facilitate growth in this area. Attendance at these meetings is mandatory for the nurse and social workers funded through the CFST. Others connected to the Initiative are invited to attend and participate as they judge appropriate. During the past year representatives from county social services, mental health, and public health and juvenile court agencies also attended the meetings. Other participants from the local school systems included some directors of student support services, school principals, guidance counselors and drop out program coordinators. Discussion at each meeting focused upon a different CFST related issue, and stressed lessons learned and promising practices. The results from each discussion were recorded by a member of the Duke evaluation team and are being incorporated into a CFST practice manual for use during the 2008 – 2009 school year.

The issues addressed were as follows:

- September 2007 (Duke's CFST Case Management System user's manual and data entry training)
- November 2007 (Case management system county specific data presentation and data entry continued)
- January 2008 (Planning and facilitating Child and Family Team Meetings and case management system data concerning those meetings)

- March 2008 (Engaging families and service planning and case management data concerning service needs and service recommendations)
- May 2008 (Maximizing CFST impact and plans for summer coverage)

Site visits were also utilized to provide individualized program support and consultation regarding how best to provide CFST services. At least two visits were made to each of the twenty-one CFST school systems this past year. Issues covered during the site visits included site specific discussion on CFST practice, data entry, Local Advisory Committees and Memorandums of Agreement, interagency collaboration, plans for summer coverage, and meetings with new principals and superintendents.

The need for accurate information concerning the students and their service needs is critical, as such is required by legislation. While data collection is improved, this continues to be an area of concern. Efforts continue to be made to improve. As stated above some of the efforts have included including data collection as a regular agenda item during regional meetings and site visits. Another strategy to improve data collection has involved developing a "prototype 2" of the case management system designed to be more user friendly than the existing version of the system. Feedback from all involved nurses and social workers was initially gathered during regional meetings. Duke then developed a draft version of the second prototype using information from the universal group as a guide. A smaller, representative group of school social workers, nurses and CFST coordinators was then convened for the purpose of informing and guiding the redesign more specifically. The smaller group met with the evaluation team, program coordinator, and case management system programmer and provided feedback on the draft newer version. The new version will be reviewed again by the smaller group prior to rolling it out for use during the 2008 – 2009 school year. Training on the new version will be provided prior to the start of the school year. This will be done by providing training to selected members ("train the trainer") of each school system, and requiring them to return to their systems to train the other users. It is planned that this will be accomplished during the week of August 11 – 14, 2008. The first regional meetings of the 2008 school year will be dedicated to providing more data entry training, and each of the first site visits in 2008 will have data entry as an agenda item for discussion. Duke University is also required to provide training and technical assistance concerning data entry as part of its contract with the CFST. Duke employs a staff member whose primary purpose is to function in this area. Local staff responsible for data entry are encouraged to utilize this person as frequently as needed. Another strategy intended to improve data entry at the local level is to provide local school system management staff members (principals, student support directors, etc.) user names and passwords into the system. It is planned for these people to have "read only" access to student level information as well as reports concerning referrals, services needed by the students, CFT meetings, etc. By providing managers with this data it is expected that they will be able to more effectively monitor and control data entry by individual nurses and social workers.

The issue of nursing staff retention continues to be a barrier for some systems. The primary reasons reported by the schools for their nursing turnover is that the salary offered in the schools cannot match that of hospitals and private practice medical offices.

Some nurses who have left CFST positions this year also have reported that CFST school nursing practice is significantly different from what they anticipated and that they did not want to function in that type of a role. There are no reported CFST social worker staff vacancies in any of the participating school systems. Two school systems (Bertie and Hyde) have traditionally faced this issue in the past. This situation has been resolved in Hyde County through the establishment of a contract with their local public health department, and as a result, their CFST teams are currently fully staffed. A public health nurse provides full time CFST nursing services to their middle and high school students.

Bertie County has entered into a consulting agreement with the East Carolina University College of Nursing to facilitate recruitment of school nurses to fill vacant positions and establish and carry out an orientation program for new school nurses. In addition, ECU and each of the currently employed nurses are working together on a needs assessment at each school to prioritize staffing and equipment needs. ECU consultants are also working with each currently employed school nurse on individual learning plans and continuing education needs. All school health policies are being reviewed and revised as needed. This cooperative agreement has resulted in the hiring of two new nurses, with interviews underway to locate a third nurse. Consultative work will continue through the 2008-2009 school year to enhance the development of a school health program model that is reflective of best practices in the field, with the intent that such a program will be sustainable in Bertie County.

Two school systems (Durham and Vance) have also encountered difficulty in hiring school nurses this past school year. As previously mentioned, each has had three staff vacancies for much of the school year. Durham provides their CFST nursing services through a contractual relationship with their local public health system. Vance's CFST nurses are employees of the school system. Both systems report to have engaged in recruiting efforts; interviewed and offered positions to several potential staff members only to fail due to the low salaries offered to the candidates. Other school systems have encountered some turnover in nurses but not to the extent faced by Durham and Vance.

PROGRAM EVALUATION

The authorizing legislation requires that an evaluation process be developed to "ensure the goals and objectives of this Initiative are achieved"[21]. The Center for Child and Family Policy (CCFP)[22] at Duke University was chosen to conduct the evaluation.[23] The Center houses the North Carolina Education Research Data Center http://www.childandfamilypolicy.duke.edu/ep/nceddatacenter/index.html which stores and analyzes student performance information for the North Carolina Department of Public Instruction (DPI). The Center is also evaluating other child and family team

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[21] 2007 Appropriations Act, Section 10.9. (b) (4) e.
[22] For more information concerning the Center please see its web site at http://www.pubpol.duke.edu/centers/child/
[23] For more information concerning the evaluation see the evaluation web site at http://www.duke.edu/web/cfst-eval/index.html

initiatives run by state and local agencies including the implementation of the Multiple Response System (MRS), the 'Improving Child Welfare Outcomes through Systems of Care' grant and the Durham Family Initiative.[24]

The evaluation seeks to provide all the information required by the legislation, and study change over time in key outcomes. A summary of information required by the legislation includes:

- The number of students referred to the CFST
- Demographic information on students served by the CFST
- A description of the services needed by and provided to students
- Information about students placed in out of home placements
- Information concerning the funds expended to implement the Initiative
- Information on how families and consumers are involved in all levels of decision making
- Any other information as required by the Council and
- Recommendations on needed improvements.

The Center is collecting child specific data required by the legislation through the use of a web based case management system. Initial results and findings are included throughout this report, but should continue to be interpreted with caution. The data is inconsistent across school systems and individual schools. This is largely due to the newness of the case management system, inexperience of staff in both providing CFST services as well as entering data, and a misunderstanding by some staff of exactly what information needs to be entered. Some CFST staff members have also expressed a difficulty in managing time necessary to enter data on a regular basis, as well as some doubts as to the confidentiality of the data entered.

Child-level outcomes of interest include academic achievement (attendance, end of year math and reading scores, and disciplinary referrals) and out-of home-placement (placement in foster care and inpatient psychiatric facilities). The evaluation team has developed a protocol for linking the multiple data sets while protecting the confidentiality. They have also designed the case management system to capture all required information concerning students and the services they received while not allowing the information to be accessed in such a way that a user would be able to indentify a specific student.

Administrative datasets maintained by DPI, DSS and DJJDP provide longitudinal information on both children and schools from 2000 through the current year. DPI's administrative data from the 2006-2007 year school session has begun to be available to the Center and is being cross-matched with the case management system at this time. The Center has not yet received all data necessary to fully report on academic outcomes. As a result, this report is unable to address any connection between provided services and academic outcomes. The same is true for the data available to support the success of the

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[24] See http://www.childandfamilypolicy.duke.edu/evalsvcs/index.html. for more information.

Initiative such as out of home placements and juvenile court connections. It has recently become available to the evaluation team from Duke University, and they have not had the full opportunity to evaluate all information through the CFST Case Management System, use propensity scoring techniques to create a control group, and compare them with children who received services through the CFST Initiative. This vital information should be included in the January 2009 legislative report.

The Center has also developed and deployed surveys[25] of a representative sample of parents and students (middle and high school); all of the CFST nurses and social workers, principals and the LEA Coordinators. Through the use of these tools it is hoped that information from those most affected by the CFST will be made available to plan future program revisions and improvements. Information from the surveys is being gathered and results will be reported in the January 2009 report.

SUMMARY

As stated earlier, the mission of the CFST is for participating child serving State and local agencies to collaborate to provide individualized, strengths based, family centered support services at such a level that every child in their communities will be given every opportunity to succeed academically. This report has documented that the 21 school systems have begun to make promising progress towards achieving it. Approximately 6,400 students have received a variety of services, and the schools are engaging families and community partner at a greater level than they have in the past. As the school data is not available there is no current capacity to link this progress with actual academic outcomes. It is expected that this data will be available for the next report on January 1, 2009.

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[25] See Attachments 4 through 11 to read the surveys and accompanying tools.

ATTACHMENTS

1) Map of School Based Child & Family Support Team Participating Local Education Agencies and Schools

2) List of Participating Local Education Agencies and Schools

3) North Carolina School Based Child and Family Support Team Interagency Connections

4) Duke Instructions for Delivering the Parent Surveys

5) Duke Survey Letter to the Elementary Parents

6) Duke Survey Letter to Middle and High School Parents

7) Duke Parent Survey

8) Duke Middle and High School Student Survey

9) Duke CFST Nurses and Social Workers Survey

10) Duke CFST Principals Survey

11) Duke CFST School System Coordinators Survey

Attachment 1: Map of School Based Child & Family Support Team Participating Local Education Agencies and Schools
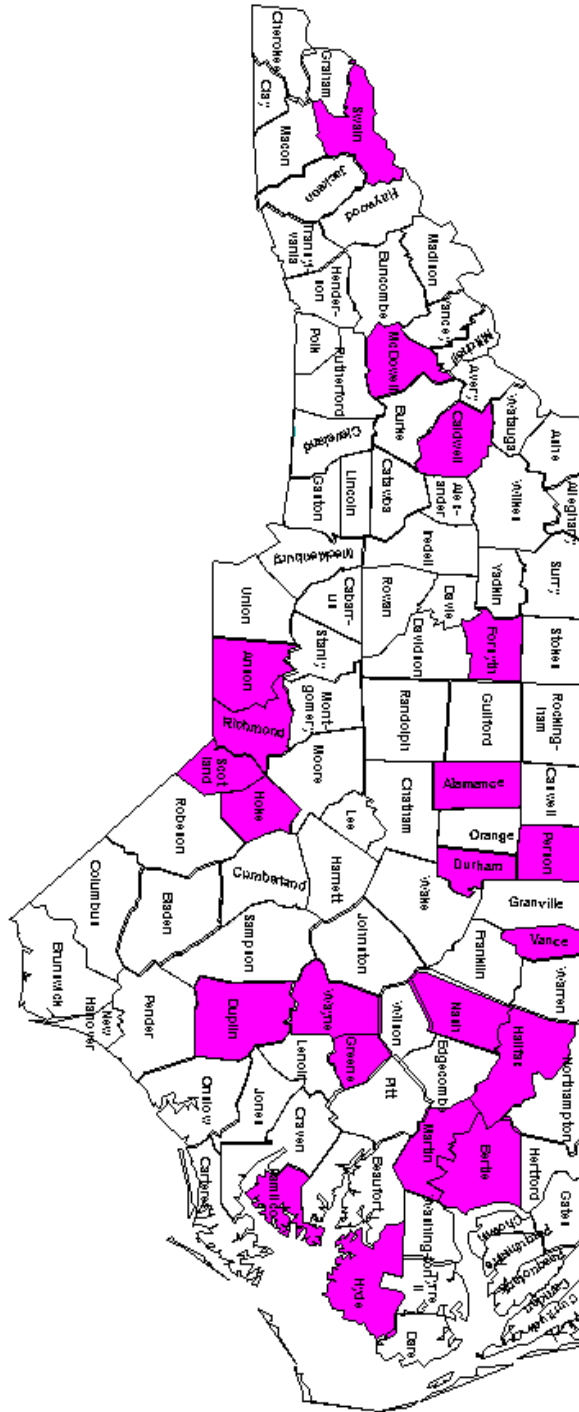
Attachment 2: North Carolina School Based Child and Family Support Team Interagency Connection (effective 7/2007)

LEAs and Schools		LEAs and Schools	
Alamance	• Cummings High • Broadview Middle • Andrews Elementary • Eastlawn Elementary • Harvey Newlin Elementary • Graham High • Graham Middle	Anson	• Anson High • Anson Middle • Morven Elementary • Wadesboro Elementary • Wadesboro Primary
Bertie	• West Bertie Elementary • Windsor Elementary • Bertie Middle • Bertie High	Caldwell	• Whitnel Elementary • West Lenoir Elementary • Gamewell Elementary • Gamewell Middle • West Caldwell High
Duplin	• James Kenan High • Rose Hill-Magnolia Elementary • Warsaw Elementary • Charity Middle • E.E. Smith Middle • Warsaw Middle	Durham	• Bethesda Elementary • Neal Middle • Southern High • Eastway Elementary • Y.E. Smith Elementary • Lowe's Grove Middle • Hillside High

Attachment 2: School Based Child & Family Support Team Initiative Participating Local Education Agencies and Schools

LEAs and Schools		LEAs and Schools	
Forsyth	• Konnoak Elementary • Philo Midle • Parkland High • Ibraham Elementary • Middle Fork Elementary • Walkertown Middle • Carver High	Greene	• Greene Central High • Greene County Middle • Snow Hill Primary • West Greene Elementary
Halifax	• Northwest Halifax High • Southeast Halifax High • William R. Davie Middle • Aurelian Springs Elementary	Hoke	• Hawk Eye Elementary • West Hoke Elementary • West Hoke Middle • Hoke County High
Hyde (2 teams for 3 campuses)	• Mattamuskeet Elementary • Mattamuskeet Middle • Mattamuskeet High	Martin	• E J Hayes Elementary • Williamston Middle • East End Elementary • Roanoke Middle
McDowell	• McDowell High • East McDowell Junior High • Nebo Elementary • Eastfield Elementary	Nash-Rocky Mount	• D.S. Johnson Elementary • Williford Elementary • Nash Central Middle • Nash Central High
Pamlico	• Fred Anderson Elementary • Pamlico County Middle • Pamlico County High • Pamlico County Primary	Person	• Northern Middle • Southern Middle • Person High

Attachment 2: School Based Child & Family Support Team Initiative Participating Local Education Agencies and Schools

LEAs and Schools		LEAs and Schools	
Richmond	• Rohanen Primary • Ashley Chapel Elementary • Hoffman Elementary • Ellerbe Junior High	Scotland	• Carver Middle • Sycamore Lane Middle • Laurel Hill Elementary • Wagram Primary • Spring Hill Middle • I.E. Johnson Elementary • North Laurinburg Elementary
Swain	• Swain High • Swain Middle • Swain East Elementary	Vance	• L.B. Yancey Elementary • Henderson Middle • Southern Vance High • Pinkston Street Elementary • Eaton-Johnson Middle • Northern Vance High
Wayne	• Spring Creek Elementary • Spring Creek High • North Drive Elementary • Brogden Primary • Grantham School • Carver Elementary		

Attachment 3: North Carolina School Based Child and Family Support Team Interagency Connections (effective 7/2007)

21 Local Education Agencies (LEA)	13 Local Management Entities (LME)	22 Departments of Social Services (* received state Facilitator funds)	22 Local Health Departments	18 Department of Juvenile Justice / Delinquency Prevention Judicial Districts
Alamance-Burlington	Alamance-Caswell-Rockingham LME	Alamance County DSS	Alamance County HD	15A
Winston-Salem/Forsyth	Centerpoint Human Services	Forsyth County DSS	Forsyth County HD	21
Durham	The Durham Center	Durham County DSS	Durham County HD	14
Duplin	Eastpointe	Duplin County DSS*	Duplin County HD	4
Wayne		Wayne County DSS	Wayne County HD	8
Halifax	Five County Mental Health Authority	Halifax County DSS*	Halifax County HD	6A
Vance		Vance County DSS*	Granville-Vance District HD	9
Caldwell	Foothills Area MH/DD/SAS Authority	Caldwell County DSS	Caldwell County HD	25
McDowell		McDowell County DSS*	Rutherford-Polk-McDowell District HD	29
Pamlico	East Carolina Behavioral Health	Pamlico County DSS*	Pamlico County HD	3B
Bertie		Bertie County DSS*	Albemarle District HD	6B
Person	Orange-Person-Chatham MH/DD/SAS Authority	Person County DSS	Person County HD	9A
Scotland	Southeastern Regional MH/DD/SAS Services	Scotland County DSS	Scotland County HD	16A
Hoke	Sandhills Center for MH/DD/SAS	Hoke County DSS*	Hoke County HD	
Anson		Anson County DSS*	Anson County HD	20
Richmond		Richmond County DSS	Richmond County HD	
Swain	Smoky Mountain Center	Swain County DSS	Swain County HD	30
Hyde	Albemarle Mental Health Center	Hyde County DSS*	Hyde County HD	2
Martin		Martin County DSS*	Martin-Tyrrell-Washington District HD	
Greene	The Beacon Center	Greene County DSS*	Greene County HD	8
Nash/Rocky Mount		Nash County DSS*	Nash County HD	7
		Edgecombe County DSS	Edgecombe County HD	

Attachment 4: CFST Instructions for Delivering the Parent-Student Survey 2007-2008

Dear CFST Leaders,   May 20, 2008

      As another school year ends, we are soliciting feedback on the CFST program from the families with which you work.   We have been asked to draw a sample of students with whom you have had meetings. The students were selected from the Case Management System.   *Please read the note at the end on how confidentiality was maintained.*

      In your packet you will find the following items.

1. The instructions that you are currently reading

2. Envelopes for each student that is to be surveyed. Each envelope includes a letter for the parent that explains the reason for the survey. For elementary schools, this envelope contains a parent survey and for middle and high schools it contains both a parent and a student survey. The envelope also includes an addressed stamped return envelope.

3. A Spanish translation of the survey(s) and the accompanying letter from Duke.

4. A list of the students' names and survey ids.

      These student names need to be linked to the survey ids that are printed on the labels on the envelopes to be sent to the students.

- **Each envelope is intended for a specific student.** Please make sure to match the student's name with the SURVEYID and give the survey to the parent/primary caregiver (if you will see them) or b) the student to take home and give to the parent.

- If the student's/parent's primary language is Spanish and it would be more appropriate for the information sent home to be in Spanish, please do the following:

    1. Please use the enclosed Spanish version of the survey. (If you need more than 1 copy of the Spanish version please make a photo copy or email Beth Gifford (beth.gifford@duke.edu) or Audrey Foster (alfoster@duke.edu) for a Spanish Version.)

    2. Transfer the "surveyid" onto the bottom of the survey where it says "ID:"

3. Replace the contents of the envelope with the Spanish contents

- If you have any questions please call Audrey Foster 613-9307

- The diagram below illustrates the steps for delivering the surveys to each student.

Steps for Handing Out Surveys To Selected Students
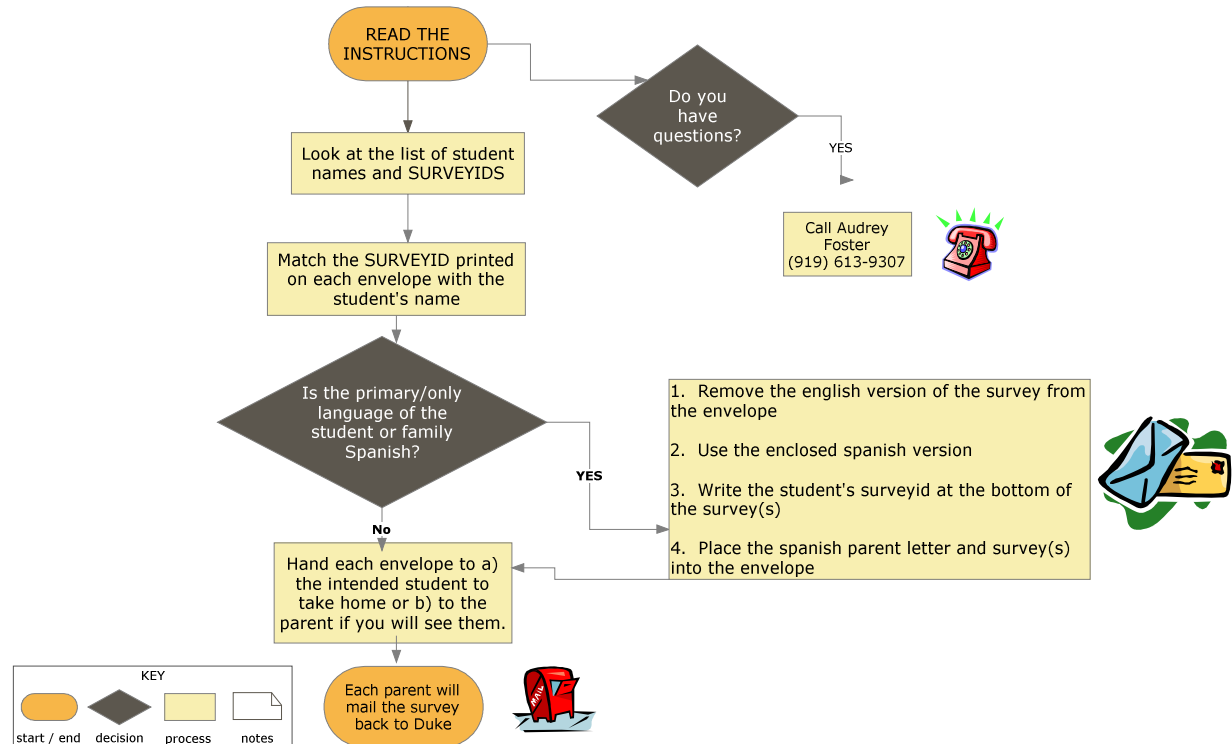
*A note on confidentiality

We want to assure you that the evaluation team did not see names. We used de-identified data to select the students based on their student ids. The student id is automatically generated from the case management system. These ids were given to staff at the North Carolina Education Research Data Center (NC-ERDC) who then linked these id's to the names from the case management system. The staff at the NC-ERDC saw only names and ids. They had no other information on the student (ie-they did not see the rest of the student's file). The staff at NC-ERDC have signed confidentiality agreements and sworn to not release names.

CENTER FOR
Child and Family Policy
DUKE UNIVERSITY

*Bridging the gap between research and public policy
to improve the lives of children and families*

Elizabeth J. Gifford, PhD
Research Scientist
Center for Child and Family Policy
PO Box 90545
Durham NC 27708-90545

May 23, 2008

Dear parent,

We would like to thank your family for participating in the Child and Family Support Team Initiative. Across North Carolina, 200 Child and Family Support Team Leaders have been placed in 101 schools to assist students and their families to develop plans that help students succeed at school. Sometimes, this involves helping students get services outside of school.

The governor of North Carolina asked Duke University to find out how the program is working by doing a research study.   Your answers to these questions will help leaders in our state improve this program. I will write a report for the governor using the information that you and other parents share with me.   I will not use your name or your child's name in my report. We will never even see your names. My staff and I are only interested in your answers.

This envelope has one page of questions for you to answer. These questions ask how you feel about the help your child received from the Child and Family Support Team Initiative. We only need one parent or legal guardian to answer the questions on the "Parent Questions Page". The survey should take less than 10 minutes to complete.

If you do not want to answer a question or do not know the answer, it is okay to skip it.   You can also stop at any time. After you have answered the questions, please put your answers in the stamped envelope and mail it back to me **by July 15, 2007.**

If you have any questions about the survey, please call Audrey Foster at the Center for Child and Family Policy at Duke University at 919-613-9307.

Sincerely,

Elizabeth J. Gifford

Elizabeth J. Gifford

Rubenstein Hall ~ Duke University
Box 90545, Durham, NC 27708 – phone 919.613.9288
www.childandfamilypolicy.duke.edu

*North Carolina Child and Family Leadership Council
July 2008 Report on the School-based Child and Family Support Team Initiative
Attachment 5
1 of 1*

Attachment 6: Letter to Middle and High School Parents

CENTER FOR
Child and Family Policy
DUKE UNIVERSITY

Bridging the gap between research and public policy
to improve the lives of children and families

Elizabeth J. Gifford, PhD
Research Scientist
Center for Child and Family Policy
PO Box 90545
Durham NC 27708-90545

May 23, 2008

Dear Parent,

We would like to thank your family for participating in the Child and Family Support Team (CFST) Initiative. Across North Carolina, 200 Child and Family Support Team Leaders have been placed in 101 schools to assist students and their families to develop plans that help students succeed at school. Sometimes, this involves helping students get services outside of school.

The governor of North Carolina asked Duke University to find out how the program is working by doing a research study. Your answers to these questions will help leaders in our state improve this program. I will write a report for the governor using the information that you and other parents share with me. I will not use your name or your child's name in my report. We will never even see your names. My staff and I are only interested in your answers.

In this envelope are two pages. One page of questions is for you to answer, and one page of questions is for your child to answer. We only need one parent or legal guardian to answer the questions on the "Parent Questions Page". We would also like your child, who received help from the CFST program, to complete the "Student Questions Page". Each survey will take less than 10 minutes to complete.

If you or your child do not want to answer a question or do not know the answer, it is okay to skip it. You can also stop at any time. After you and your child have answered the questions, please put both sets of answers in the stamped envelope and mail it back to me **by July 15, 2008.**

If you have any questions about the survey, please call Audrey Foster at the Center for Child and Family Policy at Duke University at 919-613-9307.

Sincerely,

Elizabeth J. Gifford

Elizabeth J. Gifford

Rubenstein Hall ~ Duke University
Box 90545, Durham, NC 27708 – phone 919.613.9288
www.childandfamilypolicy.duke.edu

North Carolina Child and Family Leadership Council
July 2008 Report on the School-based Child and Family Support Team Initiative
Attachment 6
1 of 1

Please return to:
Center for Child and Family Policy
Box 90545
Durham, NC 27705-0545

1. **Did your child receive any help from a Child and Family Support Team leader at your school?** ☐Yes ☐No

2. **Did you have at least one meeting with the Child and Family Support Team leader at your child's school?** ☐Yes [*If yes, then please answer question 3*] ☐No [*If no, go to question 4*]

3**. If you answered yes to question number 2, please fill in this box**

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. My opinions were respected during the meeting.				
b. The meeting was a good use of my time.				
c. The meeting was held at a time and place that was good for me.				
d. The right people were invited to the meeting.				
e. A plan to help my child was developed during this meeting.				

4**. As a result of being part of the Child and Family Support Team Program, have you noticed improvement in any of the following (check all that apply):**

	Yes	No
a. Your child's ability to do their school work		
b. Your child's health		
c. Your child's behavior		
d. Your child's attitude towards school		
e. Your family's well-being		

5. **What help would you like to have for yourself or child that you have trouble getting?**

	Yes	No
a. Additional help with school work		
b. Child care		
c. Dental care		
d. Employment services		
e. Housing assistance		
f. Mental health services		
g. Medical care		
h. Substance abuse treatment		
i. Eye care		

6. **Overall, how do you feel about the Child and Family Support Team process?**
☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

7. **Would you recommend the Child and Family Support Team program to a friend with a child at this school?** ☐Yes ☐No

Thank you for taking the time to provide feedback.
Please use the space on the back to provide any additional comments about the program.

ID: «surveyid»

Attachment 8: Student Perceptions of the School-based Child and Family Support Team Initiative

1. Did you receive help from a Child and Family Support Team leader at your school?
☐Yes ☐No

2. Were you invited to participate in a Child and Family Support Team meeting with a one parent or guardian?
☐Yes [*If yes, please answer question 3*] ☐No [*If no, skip to question 4*]

3. If you attended at least one team meeting, please share your impression of these meeting(s).

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. My opinions were respected during the meeting.				
b. The meeting was a good use of my time.				
c. The meeting was held at a time and place that was good for me.				
d. The right people were invited to the meeting				
e. A plan to help me at school was developed during this meeting.				
f. A plan to help me at home was developed during this meeting.				

4. As a result of being part of the Child and Family Support Team Program:

	Yes	No
a. I feel that there are more adults at my school who will listen to me.		
b. I get along better with my teachers.		
c. I feel better about going to school.		
d. I am doing better with my school work.		
e. I get along better with my family.		

5. What services would you like to receive that you presently do not have?

	Yes	No
a. Additional help with school work		
b. Dental care		
c. Employment services		
d. Mental health services		
e. Medical care		
f. Substance abuse treatment		

6. Overall, how do you feel about the Child and Family Support Team process?
☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

7. Would you recommend the Child and Family Support Team program to a friend?
☐Yes ☐No

Thank you for taking the time to provide feedback.
Please use the space on the back to provide any additional comments about the program.

ID: «surveyid»

Attachment 9: Nurse and Social Worker Survey – 2008

1. **Please select the county in which your system resides.**

Alamance-Burlington County Schools	Hoke County Schools
Anson County Schools	McDowell County Schools
Bertie County Schools	Nash-Rocky Mount Schools
Caldwell County Schools	Martin County Schools
Duplin County Schools	Pamlico County Schools
Durham County Schools	Person County Schools
Forsyth County Schools	Richmond County Schools
Greene County Schools	Scotland County Schools
Halifax County Schools	Swain County Schools
Hyde County Schools	Vance County Schools
	Wayne County Public Schools

2. **Please select the name of the school you are serving for the CFST Initiative.**
    a. **Please select the name of the <u>Alamance-Burlington County School</u> you work for.**
        Andrews Elementary; Broadview Middle; Cummings High; Eastlawn Elementary;
        Graham High; Graham Middle; Harvey Newlin Elementary

    b. **Please select the name of the <u>Anson County School</u> you work for.**
        Anson High; Anson Middle; Morven Elementary; Wadesboro Elementary;
        Wadesboro Primary

    c. **Please select the name of the <u>Bertie County School</u> you work for.**
        Bertie High; Bertie Middle; West Bertie Elementary; Windsor Elementary

    d. **Please select the name of the <u>Caldwell County School</u> you work for.**
        Gamewell Elementary; Gamewell Middle; West Caldwell High; West Lenoir Elementary;
        Whitnel Elementary

    e. **Please select the name of the <u>Duplin County School</u> you work for.**
        Charity Middle; E.E. Smith Middle; James Kenan High; Rose-Hill Magnolia;
        Warsaw Elementary; Warsaw Middle

    f. **Please select the name of the <u>Durham County School</u> you work for.**
        Bethesda Elementary; Eastway Elementary; Hillside High; Neal Middle; Lowe's Grove
        Southern High; Y.E. Smith Elementary

    g. **Please select the name of the <u>Forsyth County School</u> you work for.**
        Carver High; Ibraham Elementary; Konnoak Elementary; Middle Fork Elementary;
        Parkland High; Philo Middle; Walkertown Middle

    h. **Please select the name of the <u>Greene County School</u> you work for.**
        Greene Central High; Greene County Middle; Snow Hill Primary; West Greene Elementary

    i. **Please select the name of the <u>Halifax County School</u> you work for.**
        Northwest Halifax High; Southeast Halifax High; William R. Davie Middle; Aurelian Springs

    j. **Please select the name of the <u>Hoke County School</u> you work for.**

Hoke County High; Hawkeye Elementary; West Hoke Elementary; West Hoke Middle

k. **Please select the name of the <u>Hyde County School</u> you work for.**
Mattamuskeet Elementary; Mattamuskeet Middle; Mattamuskeet High

l. **Please select the name of the <u>Martin County School</u> you work for.**
East End Elementary; E.J. Hayes Elementary; Roanoke Middle; Williamston Middle

m. **Please select the name of the <u>McDowell County School</u> you work for.**
Eastfield Elementary; East McDowell Junior High; McDowell High; Nebo Elementary

n. **Please select the name of the <u>Nash-Rocky Mount School</u> you work for.**
D.S. Johnson Elementary; Nash Central High; Nash Central Middle; Williford Elementary

o. **Please select the name of the <u>Pamlico County School</u> you work for.**
Fred Anderson Elementary; Pamlico County Middle; Pamlico County High;
Pamlico County Primary

p. **Please select the name of the <u>Person County School</u> you work for.**
Person High; Northern Middle; Southern Middle

q. **Please select the name of the <u>Richmond County School</u> you work for.**
Ashely Chapel Elementary; Ellerbe Junior High; Hoffman Elementary; Rohanen Primary

r. **Please select the name of the <u>Scotland County School</u> you work for.**
Carver Middle; I.E. Johnson Elementary; Laurel Hill Elementary; North Laurinburg
Elementary; Spring Hill Middle; Sycamore Lane Middle; Wagram Primary

s. **Please select the name of the <u>Swain County School</u> you work for.**
Swain High; Swain Middle; Swain Elementary

t. **Please select the name of the <u>Vance County School</u> you work for.**
Eaton Johnson Middle; Henderson Middle; L B Yancey Elementary; Northern Vance High
Pinkston Street Elementary; Southern Vance High

u. **Please select the name of the <u>Wayne County School</u> you work for.**
Brogden Primary; Carver Elementary; Grantham School; North Drive Elementary;
Spring Creek Elementary; Spring Creek High

3. **Are you a nurse or social worker?**   □Nurse   □Social Worker

4. **How long have you been a CFST nurse or social worker (at this and/or another school)?**

OF MONTHS: _____
OR
OF YEARS: _____

5. **In general, how well do <u>teachers</u> at your school understand your role as a CFST nurse/social worker?**

Not at all
Generally misunderstand
Generally understand
Fully comprehend

6. **In general, how well do <u>administrators</u> at your school understand your role as a CFST nurse/social worker?**

Not at all
Generally misunderstand
Generally understand
Fully comprehend

7. **As of this marking period, what proportion of referrals to the CFST program would you say are inappropriate ?**
0%-5%
6%-10%
11%-25%
26%-50%
51%-100%

8. **What services do the children and families you serve need?**

	Not at all	Very little	To some degree	A fair amount	A great deal
Academic assistance for children					
Advocacy for services					
Child care					
Dental health care for children					
Domestic violence / sexual assault services					
Child Protective Services					
Gang intervention / prevention services					
Employment services					
Housing assistance					
Income Assistance (cash assistance, food stamps)					
Legal Services					
Mental health services for children					
Mental health services for adults					
Physical health care for children					
Substance abuse treatment for youth					
Substance abuse treatment for adults					
Transportation to services					
Family planning					
Parenting education / parent training					

9. **Do you have difficulty accessing services for CFST families from:**

	Yes	No	Don't Know
Department of Social Services (including TANF / income security, child welfare)			
Mental health service providers			
Health care providers, public and / or private			
Public health			
Drug (including alcohol) abuse treatment providers			
Law enforcement			
Juvenile justice			
Legal / courts			
Domestic violence / sexual assault agencies			
Family planning			
Other (please specify):_____			

For those items that are responded to Q9 with a 'yes' response, respondents will be asked:

10. **Why do you think this agency is not engaged in the CFST initiative?**

	Not at all	To some degree	A fair amount	A great deal
This service is not available in the community				
Differing timelines				
Differing perspectives on child and family needs				
Your own lack of time				
External agency's lack of staff or lack of time				
Financial constraints				
External agency lacks interest in working with schools				
External agency does not see this as their job				

11. **On what percentage of cases do you work with your CFST partner?**
   □ Not applicable – we currently do not have both the nurse and social work positions filled
   □. Fewer than 25% of cases
   □. 26-50%
   □. 51-75%
   □. 76-100%

12. **Please indicate your agreement with each of the following:**

	Strongly Disagree	Disagree	Agree	Strongly Agree
I understand how my performance will be evaluated.				
My job responsibilities are clearly defined.				
I know what the people in my school and / or district expect of me.				

Attachment 9: Nurse and Social Worker Survey – 2008

13. How satisfied are you with:

	Very Unsatisfied	Dissatisfied	Satisfied	Very Satisfied
Being able to do things you think make sense.				
Freedom to use own judgment.				
Chance to try own approaches with child.				
This job gives me considerable freedom in how you work with families.				

14. Please indicate whether you have the following resources by selecting yes or no.

	Yes	No
I have a private office space.		
I have a place where I feel comfortable meeting with families.		
The school or CFST program is paying for my CFST travel (e.g home visits, training, regional meetings).		
I have my own work phone or a work phone I share with just one other person.		
I have my own computer at work.		
I can get help when I need it with office equipment, including my computer.		

15. Please indicate your agreement with each of the following:

	Strongly Disagree	Disagree	Agree	Strongly Agree
The LEA coordinator serves as a coach and mentor for our work.				
The LEA coordinator holds me accountable for my work on the CFST program in our district (e.g., through reports).				
I have coworkers at the school with whom I can share feelings about my work, including frustration as well as accomplishment.				

16. Please indicate your agreement with each of the following:

	Strongly Disagree	Disagree	Agree	Strongly Agree
In my job I often get to see children improve.				
The work that I do with families is not very rewarding.				
I enjoy working with the kinds of families that I do.				
I would prefer working in a setting where children could show more improvement.				
This job provides a challenging mix of				

children's needs.				

17. **In general since January 2008, how often do you enter CFST data into the case management system?**
    - □ Immediately after every appointment
    - □ About once a day
    - □ A few times a week
    - □ Weekly
    - □ Less than once a week

18. **Can you please describe one "success story" from summer 2007 – Spring 2008, without using names, that you have had at your school?**

19. **Is there anything else you'd like to share?**

Attachment 10: Principal Survey – 2008

1. Please select the county in which your system resides.

Alamance-Burlington County Schools	McDowell County Schools
Anson County Schools	Nash-Rocky Mount Schools
Bertie County Schools	Martin County Schools
Caldwell County Schools	Pamlico County Schools
Duplin County Schools	Person County Schools
Durham County Schools	Richmond County Schools
Forsyth County Schools	Scotland County Schools
Greene County Schools	Swain County Schools
Halifax County Schools	Vance County Schools
Hyde County Schools	Wayne County Public Schools
Hoke County Schools	

2. Please select the name of the school you are serving for the CFST Initiative.

   a. Please select the name of the <u>Alamance-Burlington County School</u> you work for.
      Andrews Elementary; Broadview Middle; Cummings High; Eastlawn Elementary;
      Graham High; Graham Middle; Harvey Newlin Elementary

   b. Please select the name of the <u>Anson County School</u> you work for.
      Anson High; Anson Middle; Morven Elementary; Wadesboro Elementary;
      Wadesboro Primary

   c. Please select the name of the <u>Bertie County School</u> you work for.
      Bertie High; Bertie Middle; West Bertie Elementary; Windsor Elementary

   d. Please select the name of the <u>Caldwell County School</u> you work for.
      Gamewell Elementary; Gamewell Middle; West Caldwell High; West Lenoir Elementary;
      Whitnel Elementary

   e. Please select the name of the <u>Duplin County School</u> you work for.
      Charity Middle; E.E. Smith Middle; James Kenan High; Rose-Hill Magnolia;
      Warsaw Elementary; Warsaw Middle

   f. Please select the name of the <u>Durham County School</u> you work for.
      Bethesda Elementary; Eastway Elementary; Hillside High; Neal Middle; Lowe's Grove
      Southern High; Y.E. Smith Elementary

   g. Please select the name of the <u>Forsyth County School</u> you work for.
      Carver High; Ibraham Elementary; Konnoak Elementary; Middle Fork Elementary;
      Parkland High; Philo Middle; Walkertown Middle

   h. Please select the name of the <u>Greene County School</u> you work for.
      Greene Central High; Greene County Middle; Snow Hill Primary; West Greene Elementary

   i. Please select the name of the <u>Halifax County School</u> you work for.
      Northwest Halifax High; Southeast Halifax High; William R. Davie Middle; Aurelian Springs

j. **Please select the name of the <u>Hoke County School</u> you work for.**
Hoke County High; Hawkeye Elementary; West Hoke Elementary; West Hoke Middle

k. **Please select the name of the <u>Hyde County School</u> you work for.**
Mattamuskeet Elementary; Mattamuskeet Middle; Mattamuskeet High

l. **Please select the name of the <u>Martin County School</u> you work for.**
East End Elementary; E.J. Hayes Elementary; Roanoke Middle; Williamston Middle

m. **Please select the name of the <u>McDowell County School</u> you work for.**
Eastfield Elementary; East McDowell Junior High; McDowell High; Nebo Elementary

n. **Please select the name of the <u>Nash-Rocky Mount School</u> you work for.**
D.S. Johnson Elementary; Nash Central High; Nash Central Middle; Williford Elementary

o. **Please select the name of the <u>Pamlico County School</u> you work for.**
Fred Anderson Elementary; Pamlico County Middle; Pamlico County High;
Pamlico County Primary

p. **Please select the name of the <u>Person County School</u> you work for.**
Person High; Northern Middle; Southern Middle

q. **Please select the name of the <u>Richmond County School</u> you work for.**
Ashely Chapel Elementary; Ellerbe Junior High; Hoffman Elementary; Rohanen Primary

r. **Please select the name of the <u>Scotland County School</u> you work for.**
Carver Middle; I.E. Johnson Elementary; Laurel Hill Elementary; North Laurinburg Elementary
Spring Hill Middle; Sycamore Lane Middle; Wagram Primary

s. **Please select the name of the <u>Swain County School</u> you work for.**
Swain High; Swain Middle; Swain Elementary

t. **Please select the name of the <u>Vance County School</u> you work for.**
Eaton Johnson Middle; Henderson Middle; L B Yancey Elementary; Northern Vance High
Pinkston Street Elementary; Southern Vance High

u. **Please select the name of the <u>Wayne County School</u> you work for.**
Brogden Primary; Carver Elementary; Grantham School; North Drive Elementary;
Spring Creek Elementary; Spring Creek High

3. **Is there someone in the central office who coordinates the CFST program?**
□ Yes
□ No
□ Don't know

4. **In the calendar year of 2008, how often do you directly communicated (face-to-face, phone and / or personal email) with <u>the person who coordinates the CFST program</u> for your school?**

□ Daily (3-5 days per week)
□ Weekly (once or twice a week)
□ Bi-Weekly (twice a month)
□ Monthly
□ Once every few months
□ Never

5. **In the calendar year of 2008, how often do you directly communicated (face-to-face, phone and /or personal email) with the <u>CFST Nurse and/or Social Worker</u> at your school?**
□ Daily (3-5 days per week)
□ Weekly (once or twice a week)
□ Bi-Weekly (twice a month)
□ Monthly
□ Once every few months
□ Never

6. **How clear to you is the role of CFST nurse and/or social worker in serving vulnerable families at your school?**
□ Very unclear
□ Unclear
□ Somewhat clear
□ Clear
□ Very clear

7. **How successful has the CFST program been in serving the high risk population at your school?**
□ Completely unsuccessful
□ Generally unsuccessful
□ Neither fully successful nor unsuccessful
□ Generally successful
□ Very successful

8. **How successful has the CFST program been in the following areas?**

	Completely unsuccessful	Generally unsuccessful	Neither successful nor unsuccessful	Generally successful	Very successful
Identifying vulnerable youth and families?					
Connecting youth and families to services?					
Following-up with youth and families that are served?					

9. **Please check your position title:**

_____ Principal

_____ Assistant principal

_____ Other please specify: _____

10. **How long have you been at this school?**

\# OF MONTHS: _____

OR

\# OF YEARS: _____

11. **What major barriers impede the CFST program at your school?**

12. **Please provide your candid reflection on the overall impact of the CFST thus far at your school.**

Thank you for participating in our survey.

Attachment 11: LEA Coordinators Survey – 2008

1. **Please select the name of the LEA for where you work.**

Alamance-Burlington County Schools	McDowell County Schools
Anson County Schools	Nash-Rocky Mount Schools
Bertie County Schools	Martin County Schools
Caldwell County Schools	Pamlico County Schools
Duplin County Schools	Person County Schools
Durham County Schools	Richmond County Schools
Forsyth County Schools	Scotland County Schools
Greene County Schools	Swain County Schools
Halifax County Schools	Vance County Schools
Hyde County Schools	Wayne County Public Schools
Hoke County Schools	

2. **How long have you been a LEA coordinator for the CFST program?**

  # OF MONTHS: _____

                         OR

  # OF YEARS: _____

3. In the <u>2008 calendar year</u>, how often have you directly communicated (face-to-face, phone and/or personal email) with representatives of the following agencies?

	Daily (3-5 days per week)	Weekly (once or twice a week)	Bi-Weekly (twice a month)	Monthly (once per month)	Once every few months	Never
Department of Social Services (including TANF/income security, child welfare)						
Mental health service providers						
Local Management Entity (LME)						
Drug (including alcohol) abuse treatment providers						
Public health						
Health care providers, public and/or private						
Other Health care providers, Public and/or Private						
Law enforcement, including School Resource Officers						
Juvenile Justice and Delinquency Prevention (ex. Juvenile Court Counselor)						
District courts						
Family planning agency						
Domestic violence/sexual assault agencies						

4. **How many CFST schools are in your system?**

5. **How many of the principals do you directly communicate (face-to-face, phone and/or personal email) with at least <u>monthly</u>?**

6. **In the <u>last three months</u>, how many hours per week did you have available to work on the CFST program?**

7. In a typical month, how frequently do you do the following in support of CFST?

	Daily (3-5 days per week)	Weekly (once or twice a week)	Bi-Weekly (twice a month)	Monthly (once per month)	Never
Administrative tasks (ex. time sheets, tracking systems, reports)					
Directly communicate with CFST leaders					
Directly communicate with Superintendents					
Directly communicate with outside agencies					
Directly communicate with school-based support services					
Managing personnel matters (ex. hiring, oversight, discipline, etc.)					
Participate in community meetings					
Responding to community concerns					
Bringing issues to oversight bodies					

For the agencies listed below, there is variety in both the services they provide and populations that they serve. Could you briefly (bullet points are fine) describe the types of services you seek from each for the CFST families.

8. When you approach public health for participation in child and family support teams (CFSTs), what are you looking for?

9. When you approach social services for participation in CFSTs, what are you looking for?

10. When you approach mental health for participation in CFSTs, what are you looking for?

11. When you approach the juvenile justice court system for participation in CFSTs, what are you looking for?

12. What do you see as the major factors affecting the success of the CFST program in your school district?

13. We would appreciate your candid reflection on the overall impact of the CFST program thus far in your school district.

Thank you for participating in our survey.